

THE  
MEDICAL AND SURGICAL REPORTER.

No. 1150.]

PHILADELPHIA, MAY 17, 1879.

[VOL. XL.—No. 20.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

NEURASTHENIA.

A paper read before the Albany (N. Y.) Academy of Medicine, March 4th, 1879,

BY DR. W. O. STILLMAN.

(Concluded from p. 400.)

*Languor and General or Local Weakness.*—We now come to an altogether different class of symptoms, embracing the motor apparatus, the sensory department of the nervous system, and glandular organs. The preceding conditions which we have considered were entirely connected with the cerebrum and the exercise of the higher faculties; the present ones with the grosser animal functions. A sense of general fatigue is very common. At times it disappears. It comes and goes, like a will o' the wisp. At one moment feeling as though possessed of the strength of an athlete, at the next as weak and impatient as a babe in arms. This sense of sudden and profound exhaustion will come on without any premonition, seizing a patient when in the midst of the performance of his or her duties. I have known patients who were able to take walks of considerable extent at one hour, with no sense of fatigue being apparent, and at another could make no exertion without great effort. Sometimes there is a peculiar leg weakness; this is associated with certain forms of myelasthenia, and especially with that growing out of sexual indulgence. As a rule, the general strength is impaired, even in pure cases of cerebrasthenia, and markedly and invariably so in myelasthenia. Aside from the general sense of weariness and lassitude, a

muscular trembling is very frequently present, and sometimes muscular spasm, although the last but rarely in my experience, and then confined to twitching of the orbicularis palpebrarum muscle. The trembling becomes apparent upon any unaccustomed exertion, or upon strong, or even slight, mental impressions being made. These phenomena connected with the muscles naturally arise from the diminished nervous force, and vary with the individual, the stage of the affection, and the more or less impairment of the functions of the cord. Again, the nerves of

*Sensation* are affected, and we have impressions of heat and cold, or, indeed, actual heat and cold present. Flashes of heat are met with occasionally in nervous asthenia. Localized spots of cold occur, which resist all efforts at warming, and remain cold, whatever the surrounding temperature. *Creeping* and *crawling* sensations, on or just beneath the skin, occur also. I met with a case of this nature, in which nothing afforded relief so completely and promptly as electricity, applied by means of the interrupted current. It would recur whenever any special drain had been made upon the nervous system, but always yielded, for the time at least, to the electric current. Sometimes it is itching on the arm, side, or any other portion of the body. Again, *ticklishness* is abnormally present. *Hypersesthesia* and *anesthesia*, local or general, are occasionally found. The former, in connection with flying neuralgias, is not at all uncommon. Neuralgia fitting from part to part constitutes a portion of the stock in trade of the neurasthenic patient, and may be expected to be met with. It will be in the arm, in the head, in the neck, or the toe, and no sooner is the foe vanquished in

one direction than it peeps out and develops itself in another. Poverty of nerve force, causing pain, has been suggested as an explanation of the rationale of what are known as growing pains in children. Coldness of the extremities is very common, as is also cerebral and spinal pain. Nervous irritation is so frequently linked in with neurasthenia that localized points of tenderness along the spine and on the head are met with in a large percentage of cases, indeed, in an astonishingly large ratio. This condition is vastly more common in modern society than is currently supposed, even in the profession. Cold increases the inconvenience felt from this affection, and labor, mental or physical, adds to the discomfort. Sometimes the head pain involves the whole head, but more frequently it is unilateral, and seems to have a decided predilection for the supra-orbital region, preferably the right side, in my experience. Shaking the head, or jar, usually make it worse. Beard mentions soreness of the gums, but I have not met it.

*Nutrition*, in these cases, is frequently good, and their robust, hearty appearance excites smiles of incredulity on the countenances of friends when any ailment in connection with them is mentioned. I have known them to gain steadily in weight, even when in the very midst of the slough of despond, and at their worst. Quite as frequently, however, they are in but indifferent condition, and are troubled with a nervous dyspepsia, which, like Oliver Twist, constantly cries for more food, and yet, when that is secured, it only adds to their misery. The wants of their system demand supply, but the weak stomach is inadequate to its duty. Meals frequent, and small in quantity, best meet the requirements of the case. Flatulence and oxaluria are also met with. The latter I am familiar with in but one case in this connection. A case of the former was under my observation for some time, in which it existed to a very annoying degree; so much so as to necessitate the individual leaving the room to relieve himself. It finally disappeared under treatment.

*Redness of the face*, and irritable eye also occur. The redness is nearly always synchronous with the development of an attack of depression, and sometimes precedes it. The eyes will become injected and painful, and the redness frequently intense. There may be a tendency here to confound the relation of the hyperæmia to the nervous state. It would seem that hyperæmia and anæmia must cease to be regarded as a cause in disease. Many times when the diagnosis of hyperæmia or anæmia, especially local, has been

made, the practitioner rests confident that he has reached the root of the matter. But I think the opinion is gaining ground that it is a result, not a cause—a symptom, not a disease; that it is secondary to preceding conditions which have their origin in the nervous system. This view is maintained by Erb and Vulpian, and many of the best neurologists of the day. When, therefore, this hyperæmia of the cutaneous vessels of the face and eye exists, predicating a similar condition in the capillaries of the brain, it would seem that it is a mistake to assume that afflux of blood is a cause of the depression, but that it is necessary rather to go further back and examine into preceding psychical and neurotic conditions.

Even when the face did not show the congestion, the conjunctiva, the more delicate indicator of vascular states in the head, would be strongly hyperæmic. This has led to the form of the affection known as irritable eye. I have met with some marked cases illustrating this feature. The eye would cause much pain and annoyance, and though local measures would control it, it would only disappear finally as the nervous condition improved. Photophobia and diplopia are also met with, the former not infrequently. *Musæ volitantes* are common; as they are to any form of nervous debility or optic overwork.

*Sounds in the ears* frequently occur, especially of a roaring character; also abnormalities of taste and odor. There is now a case under observation at the Institute, who for several weeks complained of a most intolerable taste in her mouth, which disappeared under electrical treatment. The

*Secretions* are frequently at fault or affected, in this disease; such as those of the lachrymal and salivary glands; the sudoriferous follicles; the intestines and testes. Tears may be induced by the melancholy which seizes upon the patient, but many times they flow without their knowing why. Quite copious lachrymation occurred in two of the cases, male patients, referred to before. The salivary gland is more or less affected in the case of the lady recently mentioned, in connection with abnormalities of taste. The bowels are seldom affected, except in myelasthenia. I have one case of that nature now under observation. In concluding the history of symptoms, reference should be made to

*Spermatorrhaæ*; an important feature in many cases of neurasthenia. Affections of the genitals may occur in the relation of cause or effect. Thus, impotence not infrequently results from nervous debility; and nervous debility occurs from too frequent emissions. The impotence may

be caused by suppression of the secretion of sperm, due to deficient nervous force modifying the activity of the glandular tissue of the testes, or to loss of desire. In either case it will usually disappear upon the recovery of health, without the employment of local or special measures. But more commonly it appears in the relation of a cause, and constitutes what the Germans call "an irritable weakness" of the organs of generation. There is great desire, with little ability for gratification. The emission is inclined to be premature, and often followed by great prostration. The general system is much weakened, and the myelasthenic type of the disease more likely to predominate over the cerebrasthenic. Weakness of the back, and a loss of muscular tone in the limbs and trunk are then found. This prevails to a large degree throughout society, and is altogether too common for the good of humanity. I believe it is the general opinion of observers that masturbation does not produce this disease nearly as frequently as sexual connection; that it is found most commonly in illegitimate commerce and the early months of marriage. Then, moderation and time will usually restore the lost health, and allow the evil effects to disappear. Unconscious nocturnal emissions are productive of a good deal of mischief in many cases. They will occur in excessive quantities, several times a week, rendering the patient weak and pale, and dejected. When genital affections appear as a cause, the recovery is likely to be obstinate, and it is not nearly so favorable as when they come secondarily.

In concluding a review of the symptoms, I feel compelled to remark upon the great rapidity with which they may interchange one for another. Unlike organic affections, they are not local or permanent in their nature, but come and go, like clouds in summer. A patient may ring the changes on three-fourths of the possible symptoms in twenty-four hours, and introduce several novel, gratuitous phenomena for which you are not prepared. No sooner is one series of troubles subjugated than a whole crop of others spring up. Like Pandora's box, the lid once off, there is no end of possible embarrassments.

The *course, duration and termination* or *sequelæ*, demand a brief attention, and may be quickly summarized. Its approach is usually insidious. There may be weeks and months of sleeplessness by night and worry by day, and fits of depression gradually increasing in severity, in duration and frequency. The other symptoms enumerated gradually make their appearance, and at last we have a fully developed case of neurast-

thenia before us. There may be periods of cessation of symptoms during its incipiency, or of temporary improvement after full development has been reached, but the individual does not realize the danger in whose presence he walks, or if he has been warned, neglects the signal or is pressed irresistibly on by force of circumstances. Too many cases give this history. Another method by which it makes its advent is by a sudden entree. Some great mental or physical shock prostrates the patient; it may be grief, it may be some other violent emotion, or it may be excessive exertion; and then there is a rapid development of all the symptoms. It takes a long time to recover from these bankrupt, nervous states; the capital is almost gone; only sufficient is left to make life miserable, many times, and not enough to start anew. It may be for years, and it may be while life endures. Some slowly recover after the lapse of a few months; others take years; but an incurable debility frequently hangs around them the remainder of their days. Under judicious treatment, however, they often greatly improve, and nearly all the symptoms may be ameliorated. Business men, as well as professional ones, after a few months' treatment, frequently resume their avocations, not what they were before, perhaps, for that is a work of time, but materially benefited. Relapses occur; this is a disease, unfortunately, which does not ensure security against a second attack. Among the sequelæ may be mentioned derangement, associated with hypochondria. The weakness of the system favors the development of diseases to which the person may be predisposed. Suicide occurs, and a tendency to desire stimulants is very common. This, together with the opium, chloral, cannabis indica and chloroform habit, needs to be very carefully guarded against. I have met with some distressing cases of this class.

*Pathology.*—The pathology of neurasthenia, if there be any, has received little or no attention. It is undoubtedly a functional derangement, and affections of that class are at present enveloped in a good deal of obscurity. Erb, who has written upon it, ventures to say but little, and seems to incline favorably to the suggestion of a condition of anæmia. My experience, which embraces quite a large number of cases, does not support this hypothesis, and as before remarked, I think it our duty to go further back, and not confound the symptom with the disease. A rational explanation appears to be that it is a debility affecting the nerve cells; that there is a deficiency in vigor in the gray matter of the brain and cord.

This cell debility arises, as is frequently the case elsewhere, from functional overwork, which weakens and enfeebles cell life, thereby interfering with the power of assimilation and nutrition, and, as a consequence, with capability of performing physiological duty. Hence, the condition and symptoms found in neurasthenia. Just as overstrain upon physical strength may shatter and permanently weaken the muscular system, so great draughts upon nervous energy may produce a similar result in the nervous system. Whether this functional affection may change to an organic disease does not here require discussion. There may be coincident conditions of hyperæmia and anæmia, but I think it has been found that they disappear upon treatment being directed to the nervous system, particularly nerve foods. Certainly local variations in circulation are subservient to nerve control, as has been repeatedly demonstrated by ample experiment. We have now reached a point at which diagnosis may be taken up.

*Diagnosis* becomes comparatively easy. It requires a consideration of the history of the case, in connection with the symptoms enumerated, and a differentiation from a few affections with which it may possibly be confounded. The condition which immediately excites attention is the vast disproportion between the subjective and objective signs. Thus, it may usually be distinguished from commencing tabes, active hyperæmia, incipient inflammations and irritation, and organic affections of the cerebro-spinal system generally, by the absence of the appropriate objective signs which are characteristic of these affections, and by the prolonged or chronic type of this malady. Also from the fact that the subjective symptoms of neurasthenia are more transient and fluctuating than those pertaining to organic diseases. It must also be distinguished from general anæmia and hysteria. It is not necessarily connected with anæmia, and very frequently is not; less mental depression is associated with anæmia; it also yields readily to iron, whereas neurasthenia does not. Anæmia is more common to females, and occurs in connection with a history of indoor confinement and bad nutrition. The other with great intellectual labor and worry, or emotional or sexual exhaustion. In hysteria, there is found the globus hystericus, ovarian tenderness, local or general anæsthesia, particularly of the epiglottis, and a non-balanced mind without the usual history, and more acute symptoms generally. Some of the after effects of sunstroke bear some resemblance to neurasthenic symptoms. In neurasthenia, a

due regard must be paid to temperament and family history, and the fact that certain of the just mentioned maladies may be combined, and inextricably mixed up with it. As far as differential diagnosis itself is concerned, perhaps enough has been said. It remains to speak of the two divisions made of neurasthenia, into cerebrasthenia and myelasthenia. The division is important, especially as regards hygiene and treatment. Dr. G. M. Beard has given a very succinct description of the symptoms peculiar to each (as reported in the *Medical Record*, No. 438), which I can do no better than to quote. He says, in regard to

*Cerebrasthenia*: "The symptoms of exhaustion of the brain are, tenderness of the scalp; a feeling of fullness in the ears and head; vertigo; tenderness of the gums; fluctuating disorders of the special senses, such as a morbid, subjective smell, noises in the ears, flashes of light before the eyes, *muscae volitantes*; morbid desire for stimulants and narcotics; deficient thirst; gaping, yawning; congestion of the conjunctiva; tendency to shed tears; mental depression; impairment of memory and intellectual control.

"*Myelasthenia*: The symptoms which suggest myelasthenia or spinal exhaustion are, local spasms of muscles; local chills and flashes of heat; shooting pains in the limbs; startings and jerkings on falling to sleep; morbid sensations at the bottoms of the feet, as burning or tenderness, vague pains in the feet, *podalgia*; sexual debility in its various phases; pains in the back, any part of it, from the nape of the neck to the tip of the coccyx, with or without the accompaniment of spinal irritation; creeping and crawling sensations up and down the spine; incontinence of urine; paresis of the bladder; feeling of pressure in the chest, with or without ticklishness of that region; heaviness and stiffness of the muscles, simulating rheumatism; great sensitiveness to cold and changes in the weather; hyperæsthesia of mucous membranes, as of the throat, urethra, or larynx; morbid dryness of the skin, or morbid perspiration; dryness of the joints and dilated pupils. There are certain other symptoms, such as nervous dyspepsia; constipation, flatulence, sick headache, in all its phases, numbness, hyperesthesia, insomnia, which manifest themselves both in connection with cerebrasthenia, or brain exhaustion, and myelasthenia or spinal exhaustion." It will be observed that he mentions several symptoms which I have not enumerated. I did not, for the reason that some of them I had not met with, and others were inconsequential, possessing no special significance. On the whole,

my observations confirm his as regards the manifestations peculiar to this disease. The

*Prognosis*, as has been intimated in the remarks on course, duration and termination, is not of the most favorable nature, commonly. It depends upon the degree of severity to which the disease is advanced, upon the wreck that has been made in the nervous system. At the best, it will take considerable time to get the system in a condition approximating the normal. The effects of the attack may linger for years, and perhaps, through life. It also depends largely upon the temperament of the individual, his environment, and the means adopted for his or her recovery. And this brings us to regard the treatment; the last and most important feature for us to consider.

*Treatment* may be divided under two general heads, both important ones: hygienic, including a very broad ground, and medicinal. Correct hygiene is very necessary, and includes diet, sleep, exercise, social life, environment, rest and bathing. The diet should be generous and varied, for it is desirable to cultivate the physical health, both that it may not be a burden to the impoverished nervous system, but rather a means of regulating the same and raising its lowered tone. It is especially desirable that the diet should embrace the phosphates, including fish, fats, etc., and that it should be easily digestible. The stomach and alimentary canal have shared in the universal debility, and regard must be paid to their idiosyncrasies and weakness. In order that appetite and physique may be encouraged, open air life and exercise are invaluable. Climate must be considered, and both mountain air and sea coast are superior, in many respects, to that ordinarily experienced. At this point, the distinction between cerebrasthenia and myelasthenia must be considered. In the former, physical exercise is usually of much benefit, and may be practiced without detriment, but in the latter it is often well nigh impossible and disastrous. In both, open, fresh air is desirable, and in severe forms of myelasthenia it may be best merely to sit in the outdoor air, and in that way get as much as possible. Or, perhaps, riding may be indulged in discriminatingly. Open air exercise should never be practiced to the point of positive fatigue or exhaustion. In moderation it strengthens the body and limbs, improves the appetite and helps digestion, promotes better blood, by assisting metamorphosis and elimination, and best of all, exercises a healthful influence upon the brain and intellect. In some cases absolute rest may

be desirable, but in all, good sleep is imperative. Sound, natural sleep is the best medicine for the morbid, nervous system in the world. Early and regular hours for retiring should be observed, and a cool, airy, well-ventilated apartment for sleeping purposes secured. A change in scene and surroundings from time to time is salutary, and the social atmosphere should not be neglected. It is of the highest importance what the domestic and social life may be. Light, cheerful and joyful surroundings will pull a man out of the slough of despond in spite of himself. And it is noticeable that during these hard times the comedies are all the run, and amusement is at a premium. Nothing is so popular as a laugh. Amusements, to succeed, must avoid the tragic and seek the comic; the farce is most patronized of all. The lyceum calls for comic, and even the pulpit prospers most that wedges in the jest. \* \* \* In Paris, during the reign of terror, the comedies drew great crowds. So much for the social environment. Relief from care and responsibility is necessary, and stimulation or gratification of the sexual appetite should be strictly avoided.

In connection with exercise and gymnastics come baths. The Germans recommend them in various forms, particularly the sea baths and sponging. It has been my experience that great good has resulted from the warm baths, particularly when combined with electricity. Erb, *vide Ziemssen*, recommends *sitz baths*, and I have seen valuable results, especially in insomnia, where sleep has been procured, which had resisted electricity and strong medication. It also assists in warming up the extremities, quieting the brain and tranquillizing the system. The salt baths are stimulating and protective against cold. Turkish and Russian baths are useful from their alterative action and stimulation of the functions of the skin, and I know of nothing which will break up a cold quicker, not even quinine, than a Russian bath. Some authorities condemn cold, but I must say that I have seen good results from the cold spray and douche, directed against the spine, in rousing up the dormant energies of the nervous system. Massage and shampooing is beneficial; both are good for the circulation, and to a certain extent take the place of mild exercise. Massage, combined with faradic electricity, I have seen work out excellent results in the constipation of myelasthenia. Counter-irritation, such as blisters and capsicum plasters, are also occasionally necessary. And in the spermatorrhœa forms of the disease, the cooling catheter or passage of

the sound are extremely valuable and almost indispensable.

*Medication*, strictly so called, is not so useful in my experience in this affection, as substances which more properly come under the head of foods. Thus some of the best results have come from the phosphates. The malt and cod-liver oil have done well. Malt, in combination with phosphates of iron, quinia and strychnia has seemed a valuable preparation. Of the phosphatic preparations, Prof. Horsford's Acid Phosphate has rather claimed the palm, although Crosby's Vitalized Phosphate, and a pill of phosphorus and nux vomica, manufactured by Schieffelin, have been very useful. Phosphoric acid, dilute, has also been used. Under the head of medicines strictly, the bromides have, with me, been the most prominent. A combination of the bromide of potash with Fowler's solution and tincture of nux vomica has been very useful. As a sedative direct, the bromides appear to be without an equal in this affection, and I have seen excellent results from the use of the bromides of potash, soda, ammonium, lithium and camphor. The latter especially in the headaches associated with a low state of the nervous system. Next to the bromides, strychnia seems to hold the leading position in the estimate of the profession. In the form of nux vomica I have seen it used much, but always in combination. The Germans speak very highly of iron and quinine, and little of anything else. The indications seem to point to sedative as well as tonic measures. In tonic treatment, quinia has rather taken the precedence. Gross' pill, without the morphia, has met other indications and proved useful; also well known preparations of bark. To meet certain manifestations, preparations of caffeine, cocoa and guarana have been used. Beard speaks of calabar bean and zinc, but I have had no experience with them, except with the latter, with little result. Alcohol is comparatively little used. As a hypnotic in the insomnia of neurasthenia, opium has little value, and I have seen the best effects from a combination of the bromides and chloral. The various symptoms must be met as they appear, and receive their appropriate treatment.

In conclusion, I will speak of *Electricity*. I have seen much of its use, both of the galvanic and faradic currents. The galvanic I have usually applied, in either the central or general methods, such as are recognized by specialists and electricians, or locally for the relief of neuralgias, the trembling, and crawling, and itch-

ing, and other symptoms found in neurasthenia. It has yielded excellent results, both as a tonic and sedative, and has relieved some severe cases of insomnia. The faradic current, in connection with the thermal bath, is one of the best tonic and stimulant means with which I have met. Its effects have been marvelous in certain cases, and it seldom fails to yield satisfactory results. Occasionally there have been cases which possessed an idiosyncrasy contraindicating the use of electricity, but they are few and far between, and when met with other measures have to be resorted to.

## HOSPITAL REPORTS.

### COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

#### CLINIC OF PROF. T. GAILLARD THOMAS, M.D.

REPORTED BY P. BRYNBERG PORTER, M.D.

#### Case 1.—Adeno-Sarcoma of the Ovary Removed by Laparotomy.

GENTLEMEN:—You all doubtless remember the case of the patient with an abdominal tumor, who came before us two weeks ago to-day, accompanied by her two physicians, and who was afterward to be sent to the Woman's Hospital for operation. She had been ill, as you will recall, for three weeks, and during the last year had been failing rapidly; so that she appeared so weak that it seemed probable that she could not last much longer unless something was done for her relief. Consequently, I advised an operation, and on Saturday last (six days ago), I performed it at the hospital.

The patient having been anesthetized and lying upon her back, a very long incision was made through the abdominal walls, extending almost from the umbilicus to the symphysis pubis. As soon as the peritoneal cavity was reached, I perceived that it contained a large quantity of clear, straw-colored fluid; and this having been removed, I found the tumor, which was so large that, notwithstanding the length of the abdominal incision, I was obliged to increase the size of the latter still further with the scissors, in order that it might be extracted. It was a solid mass, and on attempting to lift it up, I ascertained that three loops of intestine were, unfortunately, attached to it. I did not dare to attempt to pull off the intestine by tearing the adhesions binding it, for fear of meeting with an accident which has not infrequently happened under similar circumstances while ovariotomy was being performed, and which almost necessarily gives rise to fatal peritonitis, viz.: causing an opening into the intestine. When this does occur, the only chance at all of saving the patient's life is to make an artificial anus, if the orifice is sufficiently large, and fasten the intestines to the edges of the latter; but such an anus is sure to render the patient miserable ever afterward, and in my opinion it is a little worse than death itself.

I therefore adopted a procedure in regard to the loops of intestine which I am in the habit of resorting to under similar circumstances, when performing the ordinary operation of ovariotomy. As the adhesions between the intestine and the tumor were very firm, instead of attempting to separate them, I simply cut off a small portion of the tumor with the knife, and allowed it to remain connected with the intestine, and then fastened this piece of the tumor between the lips of the external wound. By thus allowing the piece to remain, I avoided the risk of peritonitis, which, as I said, would have been almost certain to follow the attempt to pull off the intestine from the tumor; and by securing it between the lips of the wound I avoided the risk of septæmæia from putrefaction, which would undoubtedly have resulted had it been allowed to remain in the abdominal cavity. By this means, whatever effusive discharge might occur, would be poured, not into the latter, but outside of the body, and would consequently be innocuous. As the tumor was possessed of a pedicle, this was secured by means of a clamp, and the abdominal wound was then closed with sutures.

Before going on with the history of the patient after the operation, I will first speak to you of the tumor itself, which I now present to you for inspection. When first removed, nearly a week ago, it was fully of the size of an adult head; although, owing to the action of the strong alcohol in which it has been preserved, it is now perhaps one-third smaller than it was then. It was also quite vascular, and the drainage from it has likewise tended to reduce its dimensions. On the lower surface of the mass I discovered a cyst of some little size, which was, of course, unappreciable before the removal of the tumor, on account of its position. With this exception, the tumor was perfectly solid.

When the patient was before you at the clinic, a fortnight ago, I told you that I was of the opinion that it was a uterine fibroid, with a long pedicle, and gave you my reasons for supposing it to be of this nature. In the first place, as I said, ovarian fibroids, and, indeed, solid tumors of the ovary of all kinds, are exceedingly rare; and as this was evidently a solid tumor, the great probability was that it was connected with the uterus. It was, however, one of those very rare exceptions to the general rule; so that when I got my hands into the abdominal cavity, I discovered that the tumor was in reality the left ovary. I had, of course, made an error of diagnosis; but if twenty similar cases were presented to me I should certainly make the same diagnosis again; simply because a tumor of the ovary such as this is so exceptionally rare. I have now performed ovariotomy considerably over one hundred times, and yet this is the very first case that I have ever met with in my operations, and only the second case that I have ever seen at all. The other case was one in which I made the diagnosis of solid tumor of the ovary, and when it was afterward removed by Dr. Atlee the diagnosis was confirmed. Dr. Peaslee, in his work, as I before mentioned, was able to cite only two instances as having occurred in this city; one a case of Dr. Van Buren's, and the other a case of mine. In the latter, however, there was good

reason to suppose afterward that the tumor was really uterine, and not ovarian at all.

This, then, you will understand, is an extremely rare case. The tumor is not a pure fibroid in its nature, but is of the character of what is known as adeno-sarcoma. It has been at least three years in growth, and is a striking instance of that interesting condition, which is, as I say, so exceedingly uncommon.

Now, with regard to the patient. For the first forty-eight hours she did perfectly well, and this, I must confess, was somewhat of a surprise to me; for, on account of the intestinal complication and the patient's very weak condition, I apprehended the most serious results. At the end of the forty-eight hours, however, it was noticed that the temperature was as high as 100 to 100 $\frac{1}{2}$ , and that the pulse ranged from 100 to 110. From that time the temperature went steadily up. By the first hour later it had reached 101 $\frac{1}{2}$  degrees; by the second, 102; by the third, 102 $\frac{1}{2}$ ; by the fourth, 103; and by the fifth hour, 108 $\frac{1}{2}$ . Although any one who has had much experience in ovariotomy and other similar operations can never feel very sure about anything in regard to the subsequent condition of the patient, I was then quite certain that this woman was going to die. She was seen by a number of experienced surgeons connected with the Woman's Hospital, and we all believed that she was about to have peritonitis, that during the night the temperature would run up to 106, and the pulse to 180, and that the next morning she would be dead.

For some time past it has been my practice to have all patients upon whom I perform ovariotomy placed on Kibbee's fever cot immediately after the operation, so that we may be at once prepared in case alarming symptoms begin to develop. So in this instance no time was lost in making cold affusions. The body having been stripped from the axillæ to the hips, some mosquito netting was wrapped around the trunk, and a rubber cloth placed over the chest, in order to avoid any pulmonary complication. In this case this precaution was especially important, because one of the patient's lungs was completely consolidated. Water at the temperature of 75° was then poured steadily, for ten minutes, upon the mosquito netting enveloping the body, and when at the end of that time a thermometer was placed in the water (which, by means of the rubber trough beneath the cot, had been emptied into the tub at its foot), its temperature was found to be 88°. The additional heat had all been derived from the patient's body.

Word was left that the affusions should be repeated every hour during the night, and next morning it was gratifying to note that the temperature had gone down to 99 $\frac{1}{2}$ , and that the pulse was only 110.

What other measures could have accomplished such a result as this? In my opinion, nothing else whatever that is known to science. I am quite aware that some of those present are ready to tell me that large doses of quinine, salicylic acid, or other so-called apyretic, would have done the same. But I must respectfully beg leave to differ; for I have tried all such agents over and over again, and found them to utterly

fail me. They have been weighed in the balance and found wanting. I do not forget the old saying, that "one swallow does not make a summer;" but this is not an isolated case, but one out of many. I have repeatedly resorted to this procedure in cases of ovariotomy, and always with the happiest results, so far as the reduction of temperature was concerned. It is only three weeks since a patient of mine, suffering from an ovarian cyst, with intestinal complications, was threatened with symptoms of the most violent peritonitis after the operation for its removal; and yet they were all promptly dissipated by an early resort to this plan of treatment. But, it may be asked, how do I know that the reduction of temperature and pulse is the result of the cold affusions? I judge only by experience; and I have seen such a result immediately follow the application of cold in far too large a number of cases to attribute it merely to a coincidence. Therefore, I lay great stress upon this method of treatment; believing it, as I do, to be by far the best that has yet been devised for the reduction of high temperature following ovariotomy and other similar operations.

After this the patient did very well again, up to the day before yesterday (Wednesday), when she was suddenly seized with the most violent retching and vomiting, and was unable to retain anything whatever upon the stomach. This prostrated her very much, and her pulse, which ran up to 150, was exceedingly small and feeble. There was, however, no increase in the temperature. In consequence of the patient's great exhaustion, the attempt was made to nourish her by the rectum, although the difficulty of introducing food by this method is so great in such cases as to constitute a very serious objection to it. In addition, therefore, I directed the house surgeon to inject half an ounce of brandy into the cellular tissue of the arms, by means of the hypodermic syringe, every two hours. This was kept up all through the night, and by yesterday morning it was noted that the pulse had become greatly reduced, and the heart's action was much stronger, while the temperature still remained low. To-day it gives me great pleasure to report the favorable condition of the patient, as stated in a note which I have just received from the house surgeon. In it he says that she is doing well. The pulse is 106, the temperature 99; she is able to take a fair amount of nourishment, and is comparatively free from pain. From this account I am encouraged to believe that our patient is now entirely out of danger, because she has successfully passed through the period when peritonitis is likely to occur, and there is no risk of septicæmia, for the reason that, this being a solid tumor, no fluid was left in the abdominal cavity.

#### Case 2.—Cyst of Vulvo-vaginal Gland.

The first patient whom I present to-day is Minnie S., a native of Germany, and twenty-six years of age. She has been married four and a half years, and has had three children, but no miscarriages. Her youngest child is now fifteen months old; and she tells me that it is three and a half years since she first noticed that anything was wrong with her. At that time she discovered

a little lump, about the size of a bean, at the entrance of the vulva. This afterward increased in size, until it reached the dimensions of a hen's egg, and it has remained up to the present time. As one might naturally expect, it has given her a great deal of trouble, in coition, pregnancy, and parturition, and has always been a particular annoyance to her in walking; so that she is extremely anxious to get rid of it, if possible. This is in reality a very simple case, but the affection here present is one that is exceedingly liable to be misunderstood; and I want to impress its characteristics so forcibly upon you that you will never have any difficulty in recognizing, or be at a loss as to the proper treatment of, any similar one that you may meet in your practice.

When I made an examination here, I discovered just within the left labium majus a cyst of the size and in the position which I now represent for you upon the blackboard. This, as I said, has given her a great deal of pain and trouble, for three and a half years, and yet, although she has consulted medical advice, it is still as bad as ever. She states that she has been to two physicians, and that they opened the lump and let out matter. Since then, she says, it fills up all the time, and she has to squeeze it out every day.

Now let me tell you what this cyst is. In each labium majus there is a gland of about the size and shape of an apricot seed, which secretes a glairy sort of mucus and pours it out through a little duct opening exactly behind the hymen. On the cadaver a bristle can readily be inserted into the orifice of the duct. These constitute what are known as the vulvo-vaginal glands, and are sometimes called the glands of Bartholino. About twenty-five years ago they were described by a French observer, Huguet, and in honor of him were given his name; but not long afterward it was discovered that a detailed account of them had been given to the profession hundreds of years before, by an old anatomist named Bartholinus.

They are so easily recognized that almost any dissector ought to have detected their presence, and yet their existence was wholly forgotten from the time of Bartholinus to that of Huguet. Thus it is that discoveries are constantly repeating themselves in medicine, and we often hit upon some idea which we imagine to be entirely new, when in reality it was well known to our forefathers. Still I have not told you what the trouble is here. These glands are not infrequently the seat of inflammatory action which is transmitted to them by means of their ducts, just as the testicle often becomes swollen in gonorrhœa, on account of an irritation conveyed from the urethra through the *vas deferens*. So here the vulvo-vaginal gland on the left side became affected through an inflammatory process, which caused stenosis of its duct and created an abscess in the gland itself.

In many works on surgery you will find an elaborate description of the method of cutting out this gland; but let me advise you never to attempt it. I once performed the operation, but it is a very difficult one, and I never expect to do it again. The principal trouble in it is that one is almost sure to sever a branch of the pubic ar-

ter, and it is very difficult to control the hemorrhage which ensues. You will think, perhaps, that you have secured the vessel; but when you call to see your patient the next day it is more than likely that you will find that she has been losing an enormous quantity of blood. In my experience the extirpation of the gland is an utterly useless operation. In the present instance the two physicians made incisions into the cyst; but that was by no means sufficient to effect a cure.

The proper method of proceeding in such a case is as follows: The patient having been well anæsthetized, let an assistant seize and make firm compression upon the enlarged gland. Then further securing it by means of a tenaculum, lay it open with the scissors throughout its entire length, from above downward. Having done this, you should pack it completely, with thymolized or carbolized cotton, or if you please, cotton that has been saturated with a solution of persulphate of iron. In forty-eight hours this dressing should be removed, and the surfaces may then be brushed over with persulphate of iron, so that they will not unite too soon. There is then no further trouble, because the cyst will become completely obliterated in a short time. The result is perfectly certain, and I can promise our patient here, with the greatest assurance, that if she will return to the clinic next Friday, to have the operation performed, she can be entirely cured without the slightest difficulty.

**Case 3.—Phlegmon in Douglas' Cul-de-sac, from Recent Pubic Peritonitis.**

Elizabeth B., a native of the United States, and twenty-four years of age. She has been married nine years, and has had one child and a number of miscarriages. Two weeks ago she had the last miscarriage, and afterward she was quite ill, and suffered a great deal of pain, which her physician told her was due to inflammation of the bowels. She still continues to feel considerable pain, and is also suffering from weakness and loss of appetite, she says.

On making an examination in this case I found the vagina somewhat relaxed, as we would naturally expect to find it so soon after a miscarriage, and my finger easily passed up to the cervix, which was in its normal position. When conjoined manipulation was employed, I ascertained that the body of the uterus was also in good position; but just behind the organ was a hard lump, which was quite large and exquisitely sensitive to the touch, so that the patient could not keep from wincing during the examination, on account of the pain it caused her. The uterus was found to be moderately movable; but the mass behind it (which was in immediate juxtaposition to it) could be moved but very slightly.

The first question that occurs to any one who discerns such a mass is this: is it a fibroid? But this cannot be a fibroid, from the fact that she was perfectly well up to two weeks ago, when she had the attack of so-called inflammation of the bowels. It it were a fibroid, why should it become developed or begin to give rise to trouble so suddenly? If such were its character, there would undoubtedly have been symptoms before. Then, again, if simply a fibroid, why should it be

so sensitive (this tenderness on pressure being exceedingly rare in fibroids), and why should it not move as freely as the uterus, being in reality a portion of that organ?

What else, then, might it be? Not a cyst of the ovary; for in that case it could readily be pushed up out of the pelvis, and this is impossible here. Neither can it be a mass of feces in the rectum, for if it were so, a depression could be made in it with the finger, which would remain afterward, and would be appreciable by passing the hand over it; just as the feet and legs will pit on pressure when edematous. Such is not the case, however, with this mass. If it is none of these, what, then, is it?

Just between the rectum and the uterus there is a pouch which is known as Douglas' cul-de-sac. As a result of the abortion mentioned, this patient has undoubtedly had an inflammation of the peritoneum in this part; and it is just this sort of peritonitis which causes the death of many women after miscarriages, although to septicemia, also, is to be attributed a considerable portion of the mortality occurring under these circumstances. In consequence of the inflammatory action, an effusion of organizable lymph was poured into Douglas' cul-de-sac, and as it is still there all the pain and distress are fully accounted for.

As to the prognosis in this case, I should be perfectly willing to tell the patient that she will be well in from four to six weeks, if she will only take proper care of herself. She should also be warned not to consult any other medical man, for if she goes around from one physician to another, and one or more of them should introduce a sound into the uterus, a second attack of peritonitis might be set up, which might be even more serious than the first. Nothing would have induced me to pass even the delicate uterine probe in this case, for fear of doing irreparable mischief. The patient should keep in bed, or, at all events, in a reclining posture, as much as possible, and especially at the time of her menstrual period. She should also keep her bowels pretty free, by means of laxatives, and should make use of copious vaginal injections of warm water. In a month, if this course is pursued, I believe that the mass of lymph, if not altogether absorbed, will give her so little trouble that she will feel perfectly able to go about all her usual avocations. There is one question which arises, in connection with this case, and that is, whether the abortion was artificially induced or not; for the symptoms here certainly resemble very closely those which not unfrequently exhibit themselves after an induced abortion. (By this time the patient had left the room.)

**Case 4.—Probable Fibro-cystic Tumor of the Uterus, Complicated with Pregnancy.**

Isabella W. born in Ireland, and thirty-six years old. She has been married three years, and has had one child. This patient first presented herself at the clinic in June last, and the diagnosis was then made of utero-fibroid cyst, together with probably commencing pregnancy. She was directed to return in July, and it was then determined positively that she was pregnant.

As to the cyst, which was also present, it could not be determined with certainty whether it was ovarian or of a utero-fibroid character, although the probability was that it was of the latter variety.

She now expects to be confined next month, and I would call your attention to the enormous size of the abdomen, in which the uterus with its living contents can be made out in the upper portion. Were a woman as large as this in pregnancy, without any tumor, which is here present in addition, I should be very much afraid that she was troubled with dropsy of the amnion. The patient states that she feels the movements of the child distinctly, and when I ask her how long she has had the abdominal enlargement, she replies four years before her pregnancy, which was no doubt one of the points which induced us to suppose formerly that it was probably a fibro-cyst. The average duration of cysts of the ovary is, as I have had occasion to remark before, just about three years.

The question of most importance that arises in connection with this case is, is this tumor going to interfere with delivery? I imagine not, because there is no obstruction resulting from it, either in the pelvis or vagina. It may probably, however, interfere somewhat with the third stage of labor, by preventing tonic contraction of the uterus, and so give rise to considerable hemorrhage.

There are two or three points relating to such a case as this to which I should like to call your attention before dismissing it. The first is, that the most serious mistakes have not unfrequently been made in regard to the diagnosis of tumors complicating pregnancy. In some instances both ovaries may be affected, and the great danger always is that pregnancy may be overlooked altogether. Wherever there is any doubt whatever in a case, therefore, the most extreme care should be used in making the diagnosis.

The next is, as to how the cyst is to be dealt with when it is found as a complication of pregnancy, and vice versa. In the first place, it may be deemed advisable to tap the cyst. Secondly, it may be best to empty the uterus and allow the cyst to remain undisturbed. Thirdly, both cyst and uterus may be left alone until the term of utero-gestation is completed; and this is what has been done here. No one course is always to be pursued; but in every case we should be guided by the individual circumstances of it, as to which plan we shall follow. Some years ago I saw in Jersey City a patient who, like the one now before us, had two tumors in her abdomen, one physiological and the other pathological. She objected to having any interference made in her case, and in the eighth month of her pregnancy the cyst (which was ovarian in character) ruptured; the accident giving rise to fatal peritonitis. In this instance the walls of the cyst were probably unusually thin, and there was not enough room in the abdomen for the accommodation of the two large masses. In some cases the dyspnea of the patient becomes so great under these circumstances that it is necessary to resort either to tapping the cyst or to emptying the uterus, in order to relieve her.

Before the patient leaves the room I would call your attention to her facies. You can at once perceive that she is very haggard and worn, and that something decidedly more serious than ordinary pregnancy must be the matter with her. Now that she has withdrawn, I will tell you frankly that I look upon the danger of the woman as very great in her approaching confinement. In the first place, she is in danger on account of her extreme exhaustion, and secondly, there is the strongest probability that serious or even fatal hemorrhage may occur in the third stage of labor.

**Case 5.—Laceration of the Cervix, with Subinvolution of the Perineum.**

Our last patient to-day is Rosanna McG., native of Ireland, and thirty-eight years of age. She has been married eighteen years, and has had ten children, but no miscarriages. (This is quite remarkable, for it is certainly very rare to find a woman who has borne as many children as she has, and yet has never had any miscarriages.) Her last child is now eighteen months old.

How long has it been since anything has been the matter with you? "Fourteen years." Of what do you complain? "Of my back and side (placing her hand over the left hip) and bearing down pains." How are you troubled in the back and side? "I suffer from them all the time when I stand up." Does it hurt you to lift or carry any weight? "Yes; very much." Now, I will put a few direct questions. Do you have the whites? "Very bad." Do you differ much at your monthly periods? "No." You have no trouble, then? "None at all." Do you have any difficulty about your bladder? "No."

There is one other symptom of which the patient has told me privately, and that is painful coition, or, as Barnes has termed it, dyspareunia. It is a very prominent one in the case. The symptoms, then, are, in brief:—

1. Severe pain in the back, increased when any marked exertion is made, and accompanied by "bearing down."
2. Pain in the left side.
3. Leucorrhœa.
4. Dyspareunia.

Such being the symptoms, it becomes an all important question to the patient whether she can be cured.

Having obtained the history, as it has now been given to you, I instituted a physical examination, not for the purpose of finding out a number of interesting pathological facts, but to discover what was the matter with the patient, in order that something might be done for her relief or cure. As soon as my finger had passed into the vagina, I detected the fact that the cervix was very severely lacerated. Not only was it torn through on each side, but, in addition to this lateral division, there was a deep slit down the anterior wall of the cervix. It is impossible now to say whether this extensive laceration was all accomplished at the time of one labor, or whether it was the result of more than one.

There is one peculiarity about this cervix, which is never met with when the part is in its normal condition, and that is, that the moment

the finger touches it the patient knows of it, from the marked pain which it excites. This tenderness is not uncommon in lacerations of the cervix, just, as it is quite frequently associated with ruptured perineum. In certain cases a neuralgic condition of the part ensues, from injury inflicted during parturition, and, being aware of this fact, the cause of the dyspareunia which has been noted in this patient is at once apparent. We can already say, therefore, that if we cannot do anything else for the patient, we can certainly cure her dyspareunia. As sure as the pain occasioned by having a pebble in one's shoe can be relieved by the removal of that pebble, just so surely can the suffering caused by coition in this patient be abolished by an appropriate operation upon the lacerated cervix.

Now let us go on a little further. As the examination was continued, it was found that the patient's perineum was utterly worthless. It had been ruptured to a certain extent, but besides this it was evident that in some of her numerous labors it had not undergone involution, and consequently, it was not difficult to see that the "bearing down" of which the woman complains was due to this cause. The term bearing down ought properly to mean something like tenesmus, but our patients use it to describe a number of different feelings. Here a sense of dragging and giving way in the pelvic organs seems to be meant, and this is undoubtedly due to the abnormal condition of the perineum. Instead of affording support to the walls of the vagina, and through these to the uterus and bladder, all these parts are permitted to drag down to a certain extent, and hence the great discomfort which the patient experiences in consequence.

As to the pain in the back, that is satisfactorily explained by the dragging upon the utero-sacral

ligament (one of very great importance), which is kept continually upon the stretch. To any one who understands the anatomy and physiology of the parts, it is not difficult to see how the tension produced by the down-coming uterus should give rise to a constant backache.

Finally, how about the leucorrhœa? When a speculum is introduced, pus can at once be seen pouring out freely from the lacerated surfaces of the cervix, the secretion of whose innumerable glands has become completely perverted. This discharge is not pure pus, but is of a muco-purulent character. When we remember that Tyler Smith has estimated the number of muciparous follicles in the cervix at ten thousand, we need not be surprised that there is a considerable discharge from them under such conditions as are here presented.

Sufficient has now been offered, I think, to account in a satisfactory manner for all the symptoms that have been noticed in the case, and the only thing that remains for us to do is to adopt the best measures for the cure of our patient. The first procedure to be undertaken is undoubtedly the sewing up of the lacerated cervix, which will restore it to its normal condition, and effectually get rid of both the dyspareunia and the leucorrhœa. Having done this, the completion of the cure is to be effected by repairing the perineum, or, in other words, putting back the perineal body, which has been destroyed. When this has been accomplished, instead of the anterior wall of the vagina being pulled out, and the posterior wall rolling out of the body, all the parts will be kept up perfectly in position; and we shall then have the satisfaction of discharging the patient, completely relieved of all the troubles which are now so distressing to her.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Smallpox and Great Pox.

The occasional similarity of syphilis to variola, which has led to their bearing a common name, is well illustrated by the following cases, given by Mr. Jonathan Hutchinson, F.R.C.S., in a recent lecture:-

One of the most remarkable examples of this eruption came under my notice about twelve years ago. A young gentleman called on me with a conspicuous papular eruption on his face and other parts. "I have just had smallpox," he said; "and Mr. — says that I am cured; but the spots don't go away." He added that Mr. —, a gentleman of large experience, had kept him in bed a fortnight, and had since sent him into the country for a fortnight, and now said that he might return to his desk at a bank; "but," he continued, "the other clerks won't sit near me, and declare that I have smallpox

still." He had a chancre, and the eruption was syphilitic. I have seen several cases which had been treated in the smallpox hospital for eruptions which were undoubtedly syphilitic. But I must not mention the mistakes of others, unless I am prepared to be candid about my own. I had many a time, in clinical lecture, mentioned the preceding facts, and enlarged upon the importance of distinguishing between the syphilitic simular of smallpox and the reality, when my own turn came. One day in the summer of 1877 I was hastily summoned to see a gentleman at his own house, who had just been landed from a sea voyage, during the whole of which he had been very ill. He had been carried from the vessel to his house, and put to bed; and I found him covered from head to foot with crusts exactly like those of variola in the third stage. Some had fallen, and where this had happened, deep scars were left. The eruption had begun to come out on the day that he went on board, and he had been feeling ill a few days before. The stages had been unusually long, but still had not

exceeded possible limits. I questioned him as to syphilis, and examined his penis and his throat, but without finding any reason to doubt his denial. In a word, after a careful and skeptical investigation, I thought that the eruption was variola. The sequel proved that it was syphilis; the scabs took months to fall; and just when he was recovering from the eruption he had iritis, which I could not doubt was specific. At this stage, three or four months after I had seen him at home, in bed, he came to Moorfields Hospital. His face was pitted all over, and I had much difficulty in convincing those who then saw him that he had not really had smallpox. I could not quote an instance more conclusive in support of the assertion that one of the forms of syphilitic eruption is exactly like smallpox in all its stages, and in its resulting scars. Slow progress is the one difference between the two exanthems. The similarity is produced, no doubt, by the fact that syphilis in these cases attacks precisely the same anatomical structures as those in which the variolous pustule is developed. It is scarcely needful to remark that this form of eruption always occurs in the secondary stage.

#### Treatment of Diphtheria.

Dr. A. J. Shaffer writes to the *Atlanta Medical and Surgical Journal*—

In 1877 diphtheria prevailed to an alarming extent in and along the lines of Hall and Gwinnett counties. I prescribed for a great many cases, and not one case that used the following prescription ended fatally:—

To a child six years old I gave six grains of sulphate of quinia and four drops of hydrochloric acid every hour, until the symptoms gave way, diminishing or increasing according to the age of the patient. In a large majority of cases the grave condition was improved, and the little patient passed into a quiet, refreshing sleep.

R. Sulph. of quinia, gr. xviij.  
Hydrochloric acid,  $\text{m.} \text{xxij}$ .  
Water, f.  $\text{ij}$ . M.

Sig.—One teaspoonful to be given every hour, until the grave symptoms give way.

The following is the easiest way to give the medicine, and more palatable for a child:—

R. Sulph. of quinia, gr. vij.  
Acid hydrochloric,  $\text{m.} \text{iv}$ .  
Honey, half teaspoonful. M.

Sig.—Repeat the dose every hour, in severe cases, until the symptoms give way.

#### Irritation of the Sympathetic, through the Pharynx.

A valuable suggestion is taken from Dr. Bitot, in a translation in the *N. Y. Med. Journal*. Dr. Bitot emphasizes the favorable effect of cauterizations of the pharyngeal mucous membrane in cases of cranial neuroses with amnesia, due to affections of the superior cervical ganglion of the sympathetic. His conclusions are: 1. The head is the seat of certain nervous derangements whose localization has not yet been determined. 2. In

these the cranial portion of the sympathetic must participate. 3. The assumption is justifiable, that the superior cervical ganglion of the sympathetic, which forms the chief seat of the derangement, is the starting point. 4. When this neurotic condition resists the usual therapeutic measures, the relations of this ganglion to the pharyngeal mucous membrane make the latter especially adapted to the counter-irritation. 5. The application of iodine to this mucous membrane has furnished remarkably favorable results in essentially nervous derangement; on the other hand, it is inert in the consecutive phenomena of apoplexy. 6. Under this treatment many of the cases complicated with amnesia have regained the power of memory.

#### Effects of Quinine on the Organs of Circulation.

An Italian observer, Dr. G. Cavazzani, has studied this subject recently, and his observations are given in the *London Medical Record*. He finds that the action of quinine upon the heart is not very marked, but if it is contracting very rapidly, the muscle becomes pale, the cavity is completely emptied, the heart remains contracted in systole. The ventricular diastole occurs slowly, so that the auricles impel but little blood. Quinine causes great constriction of the arterial and venous capillaries, the constriction bearing a definite relation to the amount injected. The circulation of the blood corpuscles is hindered in many of the capillaries, but the author has been unable to decide whether the circulation of the plasma likewise ceases. In moderate doses quinine may accelerate the peripheral circulation, while in larger quantities it impedes, by reason of its constricting action upon the terminal vessels. Quinine has a paralyzing influence upon the respiration. From these observations it may be deduced, *a priori*, that quinine in considerable doses is of use to stimulate the peripheral circulation by limiting the vascular area. In energetic doses it is useful in phlogosis by modifying vaso-motor paresis.

#### Edema of the Feet and Legs in Consumption.

Dr. Pachot, of Paris, in a recent *Thesis*, states that edema of the lower limbs may arise in consumption from different causes, the principal of which are renal alterations, amyloid degenerations, tuberculosis, venous thrombii and cachexia. Another form, which has not been much studied hitherto, is due to irregularities in the cardio-pulmonary circulation which originate in chronic perituberculous pneumonia.

This latter complication has been noticed as well in the above-mentioned case as in a simple chronic pulmonary induration; the edema is persistent, not painful, and does not increase the cachectic state of the patient to any extent. In all the cases quoted by M. Pachot, the sclerosis of the lungs was very considerable, and continued with a considerable thickening of the pleura. The right ventricle has never been dilated, although dilatation has often occurred, together with hypertrophy, in simple broncho-pneumonic cirrhosis.

## Nitrous Oxide in Asthma.

Dr. D. Crofton has an article in the *Med. Press and Circular*, on the therapeutic effect of the inhalation of the fumes of burning nitre paper in asthma. He writes—

It will be well to examine the method, or presumed method, of relief. This we believe to be due to two factors—first, the effect of the liberated nitrous oxide upon the nervous system, having its secondary effect upon the muscular one, and so relaxing the spasm which contracts the bronchial rings, thereby opening them, and allowing inspiration and expiration to go on freely. Next to this comes the benefit derivable from the oxygen also liberated, which can now, through the enlarged diameters of the tubes, be freely inspired to aerate the blood, and afterward freely expired as carbonic acid and watery vapor.

If our hypothesis be correct, it would appear that nitrous oxide alone (or properly diluted) would produce the beneficial effect, although more slowly, by doing for atmospheric air what it does when liberated from the burning paper for its associated oxygen, and that oxygen alone (or properly diluted) without nitrous oxide, could not be expected to confer the same benefit, as the tubes might remain contracted, and so offer an impediment to expiration of the generated carbonic acid.

In illustration of these two positions, we have heard a remarkable instance. A young geologist of our acquaintance, happening in India, to live in the house with an old gentleman who was asthmatic—upon the latter being seized with an attack at night, made a bagful of nitrous oxide, which he caused the patient to inhale, and which brought immediate relief. Subsequently, on another attack occurring, he gave him oxygen, but with little or no benefit.

In what we have said about nitrous oxide, we have spoken of it in its topical, or presumed topical effects. Its constitutional action should also be taken into account. This is known to be great, from the symptoms which it produces when inhaled by healthy persons, in whom it often brings on the effects of laughing, pugnacity, etc.

## REVIEWS AND BOOK NOTICES.

## NOTES ON CURRENT MEDICAL LITERATURE.

—Part II of the *Atlas of Histology*, by Dr. E. Klein and E. Noble Smith, is taken up with endothelium, and presents several plates, containing figures drawn and colored in the most exquisite style of the art, and with a fidelity that leaves nothing to be desired. For sale by J. B. Lippincott & Co. Price \$2.50.

—“Rhymes of Science,” is the title of a collection of humorous poems relating to various branches of science, and by different authors, collected and published by the Industrial Pub-

lication Co., New York City (small 8vo, pp. 66, cloth, price 50 cents). Dr. O. W. Holmes, Bret Harte, J. G. Saxe, and others, are represented.

—In Circular No. 1, 1879, of the Bureau of Education, Washington, the Hon. John Eaton, Commissioner, prints an address to the Training School for Nurses in that city, summarizing much of the information desired from that office by those who seek to promote the establishment of such schools. To be had of the Commissioner.

—“Neurological Contributions,” by William A. Hammond, M.D., assisted by W. J. Morton, M.D., is the title of a publication issued by G. P. Putnam’s Sons, New York city, the first number of which is before us. Four numbers are to be issued yearly, each of 96 pages, and each complete in itself, and will be sold for \$1.00. The numbers are to be made up of memoirs and reports on subjects connected with the mind and nervous system, by the two gentlemen mentioned, and will be freely illustrated. The first number contains articles on the non-asylum treatment of the insane, on arrest of development, on myophobia, and a series of records of practice, by Dr. Hammond, and various clinical cases, by Dr. Morton. The description of the toxic effects of tea, by Dr. Morton, is a very valuable report. The essays by Dr. Hammond are able and lucid, as we should expect; his description of myophobia is very striking. The paper and press-work are exceptionally fine, and the publication deserves popularity.

—The first annual report of the State Board of Health of Rhode Island makes a volume of two hundred pages. About one half is occupied with the report of the Secretary, Dr. Charles H. Fisher. It is followed by papers on hygiene in the public schools, by Dr. George W. Jenckes; on the dangers arising from poisonous wall papers, by Dr. E. Dyer; on the prevention of kerosene accidents, by Prof. J. H. Appleton; on the medical topography of Rhode Island, by Dr. Charles W. Parsons; on diphtheria, by Dr. James H. Eldredge; on causes of ill health among women, by Dr. Anita E. Tyng; a one-sided attack on beer and wine as table drinks, by Dr. L. F. C. Garvin; and a study of the causation of typhoid fever, by George E. Waring, Jr. Several of these papers are not above the common place; and it is to be hoped that future volumes, instead of being made a medium for trite writers to air pet theories of a narrow character, will become the receptacles of able and scientific investigations.

THE  
**Medical and Surgical Reporter,**  
 A WEEKLY JOURNAL,  
 Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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D. G. BRINTON, M.D.,  
 115 South Seventh Street,  
 PHILADELPHIA, PA.

**REMARKS ON COMPARATIVE EPIDEMIOLOGY.**

The diseases of the lower animals are receiving at present a great deal of attention from legislators in this country. The immense pecuniary interests at stake have led to the necessity becoming more and more apparent, that these diseases must be studied in a scientific manner, and the most enlightened sanitary and therapeutic means be adopted to prevent and cure them. Every year the United States is looked to more and more, by Europe, as the source of its food supply, and there is no economic point of greater importance for our future welfare than to secure and maintain this position.

England, Germany and Norway have this spring passed laws forbidding the introduction of American beef "on the hoof," on account of the prevalence in the Atlantic States of an infectious disease of cattle, called "pleuro-pneumonia." Of this disease we gave a description last week, from the pen of an able veterinary surgeon. The need of such a description is

only too apparent from the discussions of the bills which have been introduced into the legislatures of Pennsylvania and other States to authorize measures to "stamp out" the disease. Not only did various lay members, but actually several who were physicians arose and argued that because pleuro-pneumonia in the human subject is neither contagious nor infectious, it certainly could not be among cattle, and hence they opposed the bill! The ignorance they thus exposed is, we are afraid, too general among the profession. It illustrates what we have before stated in reference to the importance of medical men acquainting themselves with comparative pathology and comparative epidemiology. At any rate, until they have given some study to these subjects, it is to be hoped, for their own credit and the good of the people, they will keep quiet in legislative halls and other public places.

The public naturally expects of a physician that he has studied the great subject of *Disease*; not merely disease of this or that character, in this or that species, but in a general way, as the deviation of organic life from its normal progress. Only when a professional man takes this wide and philosophical view of his profession, does he deserve to have it said of him that he has studied it profoundly, that he knows it thoroughly; only from such thorough and general knowledge can we expect to arrive at those fundamental laws of aberration from normal development, an acquaintance with which will confer upon us the mastery of diseased processes.

Hence, we hail as one of the good signs of the times that various medical schools, the University of Penna. among the number, contemplate adding to their course of instruction a department for the teaching of veterinary or comparative medicine and surgery. We need such an addition to the curriculum; the profession needs it, the country needs it.

For this reason, without designing or intending to depart from the range of topics strictly connected with practical medicine, we have at various times introduced discussions of veteri-

ary subjects. If we required a defence for this, we could easily find it in the debates last month in the Legislature of this State, on the Bill to prevent the spread of pleuro-pneumonia. The confusion and want of knowledge which prevails on these subjects among medical legislators were there made apparent. We hope that our endeavors will lead readers to acquaint themselves sufficiently with such subjects to avoid a public display of their ignorance when these topics are brought forward for public discussion.

## NOTES AND COMMENTS.

### Therapeutical Notes.

#### CREASOTE IN CONSUMPTION.

Dr. Bonnefontaine recommends to consumptives creasote, in the shape of Dartais' capsules. These are very small globules, containing each about five centigrams of creasote, and quite tasteless. The drug must be taken three times a day, before every meal, in doses of three globules each time, and followed by a cup of chocolate or milk, a glass of wine, or some soup.

#### BROMIDE OF POTASSIUM IN CROUP.

In the *British Medical Journal*, February, 1879, p. 284, Dr. Redenbacher reports two cases in which this agent apparently produced most valuable results. Two little girls, aged respectively five and seven, were ordered the drug, combined with small doses of bromine. When next seen the change was most marked, and death, that seemed imminent, was averted. Dyspnoea had passed, expectoration was free, and pieces of croupal membrane were coughed up, perfect recovery following in a few days.

#### Rabies Treated and Cured by Oxygen.

We learn, says the *Medical Press and Circular*, from the *Gazette des Hôpitaux*, that two Russian physicians, Schmidt and Lebedew, have lately cured, by the above means, a young girl, aged twelve, who had been bitten on the hand by a mad dog. The wound had engaged the skin and subcutaneous cellular tissue, and had been immediately cauterized by nitrate of silver; and at the end of eight days cicatrization was complete.

Seventeen days after the bite the first symptoms of hydrophobia developed. The physicians prescribed the inhalation of oxygen, with the result of producing a complete state of calm. On the next day fresh symptoms came on—dysphagia, dyspnoea, tonic convulsions, spasm of the respiratory muscles, and complete absence of

sensibility. A fresh inhalation of oxygen, for forty-five minutes, relieved all the symptoms, with the exception of a slight degree of dyspnoea, which was overcome by the use of the monobromide of camphor. The patient ultimately recovered.

#### Treatment of Diarrhoea by the Hot-Water Douches.

The London *Medical Record* informs us that Dr. Schorstein, of Vienna, advises the application of a douche of hot water, under strong pressure, to the umbilical region, in cases of diarrhoea. The temperature is at first 50°, but may be raised to 72°. The duration of the application lasts from three to five minutes; after it the patient takes a hip bath of 50 to 62°. This treatment is generally repeated not more than twice daily. Dysenteric diarrhoeas, combined with tenesmus, and dysentery itself, if not inveterate, are treated in the same way. The effect is very rapid, and lasts much longer than opium treatment does; the pain is also calmed very quickly. The author has also found this hot douche answer in cases of colic caused by biliary calculus, many kinds of neuralgia, sciatica excepted, where it was desirable to remove renal calculi and gravel, or long accumulated fecal matter.

#### Iron as a Blood Enricher.

We have read the reprint of an article by Dr. Robert Amory, of Longwood, near Boston, Mass., originally published in the *Boston Medical and Surgical Journal*, on the subject of the haematinic properties of dialysed iron. It is not only interesting in itself, as an instance of one of the vastly improved methods of modern research, but as affording striking evidence of the value of iron as a therapeutic agent. Twenty-eight heliotype plates of specimens of blood microscopically examined, before and after the exhibition of this remedy, enable the reader to judge for himself of the results arrived at; another illustration of the recent improvement in the means of promoting science.

Moreover, this article aids us in determining as to the best form in which this drug may be administered so as to obtain its tonic effect; and explains, in the variable quality of the article as furnished, why it has sometimes disappointed the expectations of those who have prescribed it.

Dr. Amory's testimony to the efficacy of this excellent analeptic is based upon observations made with the preparation furnished by Messrs. Wyeth & Brother, of this city, whose form of dialysed iron has met general commendation.

## CORRESPONDENCE.

## Jaborandi in Night Sweats.

ED. MED. AND SURG. REPORTER:—

About one year ago, Dr. Charles H. Weikel, then Resident Physician in the Philadelphia Hospital, told me that they had been using in that institution jaborandi for the purpose of stopping the night sweats of phthisical patients, and almost invariably with success. Since then I have prescribed it with the same intention in four cases, and Dr. S. Mason McCollin tells me that he has employed it lately in three of his cases. In all these cases, with the exception of one, the night sweats ceased after the first dose, almost totally. As mentioned, it had no effect in one of my cases, but here I think its employment came too late, as the individual died a few days later. The way I used it was the following:—

R. Extracti jaborandi fluid., f.  $\frac{3}{2}$  ss  
Tinct. cardamomi,  
Syrup. pruni. virginian.,  $\text{aa}$  f.  $\frac{3}{2}$  ij. M.

SIG.—One teaspoonful, in half a wineglassful of water, the first night, then half a teaspoonful every following night, until cessation of sweats.

It will rarely be necessary to give the medicine oftener than four consecutive nights. If, after some weeks, the sweats should return, which is frequently the case, one or two of the smaller doses have, in my cases, been sufficient to stop them again. If, after repeated trials, and a larger number of observations, the fact should be established, that jaborandi in small doses always has the effect of suppressing that which it produces when administered in larger quantities, and especially if it should prove, as it seems to do, to be specific against the night sweats of phthisical patients, then we would have one remedy more to alleviate the suffering of those unfortunate beings who fall a victim to the tubercular diathesis. The remedies we know, so far, to stop these night sweats, have all some kind of drawback. Sulphuric acid disturbs rapidly the digestion; the external application of tonic astringents is of no use, and atropin produces such a disagreeable dryness in the throat, and after a few doses, frequently, such an exhausting diarrhoea, besides its effects on the eyes, that we would have won in jaborandi a really very valuable addition to our stock of palliative remedies, besides its usefulness in many other diseases where a strong diaphoresis or increase of the salivary secretions is our object. What dose of the muriate of pilocarpia, hypodermically, might be necessary to stop these sweats I am not able to say, having found no occasion yet for using jaborandi in this form, but I should judge one-thirty-second of a grain might answer the purpose.

There is another remedy which is often used in the Philadelphia Hospital, and which, outside of that institution, is very little employed, and almost considered obsolete. That is the fluid extract of hamamelis. According to my experience with this drug, it is far superior to ergot, gallic acid, terebinthine, cupri sulphas, plumbi

acetas, and all others recommended against haemoptysis. The fault that it might have occasionally disappointed in its effect, lies in the dose and not in the medicine. In cases of haemoptysis I give two teaspoonfuls of the fluid extract of hamamelis right away, and repeat the dose every half hour till the severe bleeding stops, and continue it later, in the dose of one or half a teaspoonful three times daily, until all signs of the spitting of blood have disappeared. I have seen no remedy yet so certain in its effect as hamamelis, and I mention it here to induce others to try it. If hamamelis is used in the following way, patients like to take it:—

R. Extract. hamamelis, fluid, f.  $\frac{3}{2}$  ij  
Tinct. radicis aconiti,  
Acid. hydrocyanic., dilut.,  $\text{aa}$  m. xv  
Extract glycyrrhiz., fluid, f.  $\frac{3}{2}$  ss  
Syrup. limonis, f.  $\frac{3}{2}$  vij. M.

SIG.—One to two teaspoonfuls, in water, three times daily, or as directed.

HUGO ENGEL, A.M., M.D.  
319 North Fifth street, Philadelphia.

## Pneumonia in Mississippi.

ED. MED. AND SURG. REPORTER:—

We have just passed through what we call the pneumonia season, the unusually long, cold winter, and the unguarded habits of our people, working up many cases through the country. Capillary bronchitis, or catarrhal fever, croup, coryzas, bilious remittent, and so-called typhomalarious fevers prevailed in some districts to an alarming extent, especially among children. Fortunately, however, they have been quite amenable to treatment, few cases having died when treated in time and properly nursed. In this country we expect all the forms of malarial fever in the summer and fall, but it is something very unusual for them to continue with such severity through the winter. As to treatment, that which was earliest and most accurately directed against the biliary and gastric complications, even when there were lung troubles, together with counter irritation, seemed to succeed best.

B. F. DUKE, M.D.  
Lake Como, Jasper Co., Miss.

## Dialysed Iron as an Antidote to Arsenic.

ED. MED. AND SURG. REPORTER:—

An elderly gentleman and his wife were poisoned, last week, by arsenious acid put in their coffee, from which they suffered very severely. Mr. C. drank a cup of the coffee, and also a glass of sweet milk, at the table, and immediately after rising from the table he drank two more glasses of milk, with cream, not apprehending poison. In less than thirty minutes he became sick, nauseated, and threw up his dinner. Supposing he was bilious, or had eaten something indigestible, he took a dose of calcined magnesia, and soon threw that up, then drank a solution of soda carb., which was likewise thrown up. Mrs. C. was also seized with nausea and vomiting, when a physician was called in, who treated

the nausea and irritability of the stomach, not apprehending poison, for the lady was not well before taking the poison. Mr. C. did not suffer many hours, as he had unwittingly taken three very good remedies. Mrs. C. was extremely prostrated; she is about sixty years old, and in poor health generally. The poison was taken on Monday, at noon, and she continued to vomit and suffer till Thursday, when I sent her, in the evening, two ounces of dialysed iron, prepared by Wyeth, of which she took nearly a fluid drachm, and experienced great relief in a few moments. She repeated the dose before bed-time, and rested better than she had since Sunday night. I saw her on Friday, when she was able to sit up, and expressed her thanks for the medicine, and the prompt relief it gave her, for she vomited no more after the first dose. She continued to use the iron till restored to health.

Navasota, Texas. A. R. KILPATRICK, M.D.

## NEWS AND MISCELLANY.

### AMERICAN MEDICAL ASSOCIATION.

#### THIRTIETH ANNUAL MEETING.

The Association met at eleven o'clock, May 6th, the President, Dr. Parvin, of Indianapolis, in the chair. Prayer was offered by the Rev. Dr. Gwinn. Dr. J. P. Logan, of Atlanta, Chairman of the Committee of Arrangements, followed with a cordial and happily phrased address of welcome, from which we make the following extract:-

"Let me beg you not to be precipitate in leaving us, but look into the mystery of this town; and in accordance with one of the most prominent characteristics of our people, who are always looking out for population, and as it must be supposed that we have a great deficiency of medical men, from the constant accession to our numbers, I would suggest that we may yet claim many of you as our fellow citizens.

"To you, as physicians, it must be interesting to know that there is found an almost entire exemption from malaria and tuberculosis (originating in this region), as well as freedom from any apprehension of a visitation of the awful scourge to which so many of our southern towns have been subjected. Our gates have time and again been thrown wide open to the fleeing thousands, who have found safety from pestilence, and sympathy with misfortune, the benevolence involved, it may be, mixed with the selfishness that springs of a security from danger.

"And this brings me to remark that if we cannot offer you much in the way of attractive recreation, we can at least point you to this favorable opportunity for the consideration of the great question of the hour, upon the wise solution of which depends the most momentous and vital interests of health, happiness and treasure to the whole people of this vast country.

"The grand results which have been accomplished in the past in originating and building up sanitary science have been due to the medical profession, and you have now, in addition to the many other important and interesting investiga-

tions which demand your attention, in the impress you may make upon the action of the national sanitary body now in contemporaneous session (to which you are invited), accustomed as you are to self-sacrificing toil, an opportunity to engage in a 'labor of love' and a work of mercy, far transcending the gratification of landscape, art or social life, in this solemn period, when the people of a large portion of the land, having just emerged from the ravages of the deadly plague, are now waiting, as it were, on tiptoe, with deep apprehension, the approach of another season which may renew the horrors of the past year.

"As equally appropriate to the present occasion, and to the intervening history of this desolating plague, craving your patience, I have to detain you a moment in repeating a brief extract from what I had the honor to write in the conclusions of a report from the State Board of Health to the Governor and Legislature of Georgia, in the winter of 1876, in reference to the visitation of that year upon our own immediate coast and connecting cities. I then said, and now say with equal confidence, that, 'for all practical purposes, it is not necessary to demonstrate whether yellow fever is always imported, or whether, under certain peculiar and exceptional circumstances, it arises upon our coast from local causes alone. That it can be imported, and will or can become epidemic, from the neglect of proper sanitary regulations in certain localities, will not be questioned. That it may be imported and not become epidemic, in the absence of the circumstances which favor its propagation, will also be admitted without discussion. The very warm contest, therefore, which has been carried on for many years in regard to the exotic or local causes of yellow fever does not seem to be justified by the necessities of the case, or the importance of arriving at conclusions of a definite character with reference to the possibility of excluding it altogether, as an epidemic, from our shores. Let the facts of importation or local origin, or of both, be as they may, no argument is needed to establish the proposition that no means of preventing the occurrence of yellow fever should be neglected, which could, by possibility, be brought into requisition.'"

At the conclusion of the address there was hearty applause. The announcement of the list of registration of members by the Committee on Arrangements was made.

Dr. Logan announced that the citizens of Augusta had tendered the Association an excursion to that city, and the only objection he had to its acceptance was the great beauty of that city.

Dr. Campbell, of Augusta, rose and made a few remarks, urging the acceptance of the invitation, and promised the Association a real old Georgia barbecue. [Applause.] "Some of you don't know what that means, but if you will just come down and see us, we will show you how elegant we can make it. We will not take no for an answer." [Applause.]

Communications from members unavoidably absent were read.

The next business was the annual address of the president, Dr. Theophilus Parvin, of Indian-

apolis. The address was beautiful in words, and deep in thought, and was received with frequent applause.

On motion of Dr. Logan, the ex-presidents of the Association were invited to seats on the stage. In response, Dr. Davis, of Chicago, Dr. Gross, of Philadelphia, Dr. Richardson, of New Orleans, and Dr. Toner, of Washington, came forward and took seats on the stage. Dr. Fuller, of Maine, presided during this stage of the proceedings.

Some papers on various medical problems and experiments were offered and referred to appropriate Sections.

Dr. E. Seguin, of New York, presented the report of the Committee on the Metric System. The report briefly sketched the success of the system, and offered in conclusion a resolution, declaring that the Association adopt the metric system, and that in future all correspondents adopt it, and that druggists and physicians endorse and promote its popular use. The adoption of the report and resolutions was moved.

Some discussion was had as to whether the resolutions should be adopted at once or delayed until some absent members should come in. The motion to postpone the consideration of the report was carried.

An amendment to the constitution providing for the consolidation of the Sections on medical jurisprudence, chemistry, and psychology, and the department of state medicine and public hygiene was adopted. The section was placed as number four.

After some further business, the Association adjourned to the following day, the afternoon being devoted to the meetings of the Sections.

[The report of the proceedings will be continued next week, in order to give space in this number for the proceedings of other bodies which met at the same time.]

#### THE CONVENTION OF AMERICAN MEDICAL COLLEGES.

The Convention met, according to notice, at Atlanta, May 2d. The meeting was called to order by Dr. N. S. Davis, and the chair taken by Prof. S. D. Gross. Dr. Sterling Loveing, of Columbus, Ohio, was elected Secretary. A committee on credentials was appointed, who reported as follows:—

State University of Iowa—Dr. Thomas S. Parr, D. F. Peck.

Starling Medical College, of Columbus, Ohio—Prof. S. Loveing.

Miami Medical College, of Cincinnati—Prof. John A. Murphy.

Medical Department, University of Michigan—Prof. E. S. Dunster.

College of Physicians and Surgeons, of Baltimore—Dr. John S. Lynch and Prof. E. Lloyd Howard.

Kentucky School of Medicine—Dr. A. B. Cook.

Medical Department, University of Louisiana, —Dr. E. S. Lewis.

Woman's Medical College, of Pennsylvania—Prof. Frances Emily White, M.D.

Rush Medical College, of Chicago—Prof. Moses Gunn.

Medical College of South Carolina—J. Ford Prieoleau, J. P. Cnazal.

Detroit Medical College—Dr. L. Connor.

University of Louisville—Dr. John D. Crowe, Dr. John M. Bodine.

Vanderbilt University (Medical Department)—D. C. Kelley, of Trustees; Dr. T. Menees, of Faculty; also representing Nashville Medical College.

Louisville Medical College—Dr. C. W. Kelly, Dr. W. B. Fleming.

Medical College of Indiana—Dr. J. F. Hibbard.

Atlanta Medical College—Dr. John G. Westmoreland, Dr. John T. Johnson.

Medical Department, Central University of Louisville—Dr. Dudley Reynolds.

Jefferson Medical College—Dr. Samuel D. Gross.

Chicago Medical College—Dr. N. S. Davis.

Medical College of Ohio—Dr. W. W. Dawson.

Medical Department, University of Maryland—Dr. S. McLean Tiffany.

Southern Medical College—Dr. T. S. Powell, for Trustees.

Medical College of Evansville, Ind.—Dr. H. G. Jones and Dr. G. B. Walker.

Nashville Medical College—Dr. D. J. Roberts, for Faculty, and Dr. Duncan Eve, for Councillors; Judge A. L. DeMassa for Trustees.

College of Physicians and Surgeons, of Keokuk, Iowa—Dr. J. C. Hughes.

Dr. N. S. Davis stated the object of the meeting to be the establishment of a uniform course of study, in accordance with the advanced state of medical science. One of the great objects of this Convention was to ascertain if all the colleges in the country could not be induced to take at least one step forward—a step which would require all medical students not only to study three full years, but also to attend three regular annual courses of college instruction. This point must be settled by the Convention. The students should also be required to furnish evidence that they are well educated in ordinary English branches. The latter point is as vital as the former. The doctor said both points were vital, and nothing less would do credit to such a body.

Dr. E. S. Dunster, of Michigan, favored the adoption of the course suggested, and said he spoke for the University of Michigan. That school would adopt such a course, no matter what the Convention should do.

Dr. Davis, of the Chicago Medical College, moved that a committee of five, on propositions, be appointed to bring matters before the body in regular form.

After some desultory discussion, this motion was carried, and the committee was appointed, to report in the afternoon.

At the hour appointed the Committee submitted the following report:—

Your Committee, after due deliberation, have decided to submit for the consideration of the Convention only two propositions, and those without any expression of opinion concerning their merits by your Committee. The propositions are as follows:—

First. That all medical colleges should require attendance upon three regular courses of lectures during three separate years, before admitting students to become candidates for the degree of M.D.

Second. That the medical colleges should require, before admitting to matriculation, a preliminary examination—such examination to embrace, at least, the elements of the physical sciences in addition to a fair English education. All of which is respectfully submitted.

N. S. DAVIS, President.  
J. T. JOHNSON, Secretary.

The report was received, and after considerable discussion, was carried, by a large majority. It was also moved and carried, that the report be referred to the Association of American Medical Colleges.

The Convention then adjourned *sine die*.

#### THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

The third annual meeting of this Association was held in Atlanta, May 8d.

At ten o'clock, Dr. N. S. Davis, of Chicago, Vice President, called the meeting to order. He announced the death of Dr. Biddle, of Jefferson Medical College, the late President of the Association, and paid a brief but beautiful tribute to his memory. He hoped that a committee would soon be appointed to prepare suitable resolutions on the death of this distinguished physician and estimable man.

The credentials of the members were presented to the Secretary.

Several amendments to the By-Laws of the Association were presented and acted on, and the members passed to the consideration of the following proposed additional Section to the By-Laws:—

Additional Section to Article VII of the By-Laws: Every college member and every affiliated college shall print each year a true list of matriculants of the college for the year, and their preceptors, or the names of the colleges at which the matriculants have graduated, in the cases of those matriculants who are graduates, and every such college shall also print a true list of the graduates for the year.

The object of this additional section is to provide that every college member of the Association shall have proper means of information with regard to the matriculants and their preceptors, and the graduates of each college.

This additional clause was adopted by the requisite two-thirds vote—yeas, 18; nays, 1.

The charges against the Louisville Medical School were then read, and decided to be null, as they were not brought in in the regular manner, and, moreover, the colleges in question had now so arranged their courses as to be free from the charge of irregularity.

The report of the Committee on Registration of medical colleges in good standing was read. It stated that there were fifty-nine regular medical colleges in the United States, and the grand total of their graduates for 1878, was 2708. The report was full and complete, giving a list of

the colleges which were in the Association, and stating whether or not any of them had violated any of the articles of confederation.

The reading of the long report occupied the body until it adjourned for dinner, to meet at three o'clock in the afternoon.

After considerable discussion, a motion was carried, to recommit the report for corrections and presentation again next year. This was deemed advisable, as it reflected severely on several colleges in Louisville and Nashville, whereas those colleges had now so modified their courses as not to be justly chargeable with the irregularities stated.

This was followed by the report of the Secretary, in reference to the reports of the colleges: The total membership of the Association consists of twenty-eight active colleges; twenty of these have reported; there is one affiliating college; five colleges have joined since the last meeting; four applications are now pending.

The points of the reports from the various colleges, and the manner in which they had observed the articles of confederation, were read by the Secretary.

The Secretary stated that the Faculty of Dartmouth Medical College insisted on withdrawing from the Association, because they could not lengthen their term.

The application of Dartmouth College was granted.

A resolution that gratuitous instruction to medical students, by any member of the Association, except as provided by law, be declared unlawful, was adopted.

An adjournment was had until Monday, May 5th.

At the session on that day resolutions of respect to the late Dr. J. B. Biddle were read.

The election of officers being next in order, Dr. Samuel D. Gross, of Philadelphia, was nominated for President, and received fifteen votes, seventeen being the whole number cast. Elected.

Dr. N. S. Davis, of the Chicago Medical College, was nominated for Vice President, and received fifteen votes, nineteen being the whole number cast. Elected.

Dr. Leartus Connor, of the Detroit Medical College, was elected Secretary and Treasurer, receiving fourteen votes out of seventeen cast.

Next in order was the reading of a communication from the "Convention of Medical Colleges." At that convention, as above stated, the questions discussed were: (1.) Should all medical colleges require three regular courses of lectures in three separate years as one of the requirements for conferring the degree of M.D.? (2.) Should all medical colleges require, before admitting to matriculation, a preliminary examination—such examination embracing at least the elements of the physical sciences in addition to a fair English education?

The first of the questions thus referred was disposed of by an amendment to the articles of confederation, proposed by Professor Menees, by which said question was answered affirmatively. Under the rules of the Association the amendment was tabled till the next session. The second of the referred questions was laid upon the table for one year.

The following amendment to act I of the articles of confederation was then offered by Professor Bodine: The majority of the members of one faculty shall not constitute the majority of the members of another faculty, unless the sessions of the two schools are held simultaneously.

The amendment was seconded, and under the rules lies over till next year.

Professor Chaille called from the table the following resolution: That it shall be considered derogatory to the dignity and good standing of any medical college represented in this Association to advertise, in any other than a strictly medical publication, the names of its professors, with their respective chairs.

This resolution does not apply to the annual circulars and catalogues issued by the colleges, but to advertising in non-professional periodicals, newspapers and other like publications, in which only a card calling attention to the advantages of the school, length of session, fees, etc., with the names of the executive officer or secretary appended, should be permitted.

After full discussion by Professors Chaille, Dawson, Murphy, Lankford and others, the resolution was adopted.

Professor Chaille offered the following amendment to the articles of confederation: "No college shall advertise in any other than a strictly medical publication the names of its professors, with their respective chairs." The amendment was seconded and laid on the table till next year.

After some formal proceedings the Association adjourned.

#### THE NATIONAL BOARD OF HEALTH.

The Board met at Atlanta, May 5th.

The following is a full roll of the members.

President, Dr. J. L. Cabell, of the University of Virginia; Vice president, Dr. J. S. Billings, surgeon of the United States Army; Secretary, Dr. T. J. Turner, of the United States Navy.

Members—Dr. S. Smith, of New York; Dr. H. J. Bowditch, of Boston; Dr. R. W. Mitchell of Memphis; Dr. S. M. Bemiss, of New Orleans; Dr. T. S. Verdi, of Washington; Dr. P. H. Bailleche, of the United States Marine Hospital; Dr. H. A. Johnson, of Chicago. Hon. S. L. Phillips, of the Attorney-general's office, is the legal adviser of the Board. There was a full attendance, except Dr. Bowditch and Mr. Phillips. Many distinguished physicians were present by invitation. Dr. Cabell called the meeting to order, and said:—

"In behalf of the National Board of Health, I desire to say that in asking a conference with leading sanitarians from various States, we were animated by a sincere desire to have the benefit of the counsel and advice, as well as the sympathy, of all whose studies have led them to the investigation of sanitary questions. The constituting act looks to such a course, for after declaring that the board shall consist of seven members from civil life and four from the departments of the United States, it goes on to contemplate and direct a general conference with students of sanitary laws and observers of their action in various parts of the country. The president here read an

exposition as to the studies and methods of the Board. He then mapped out the course of a general consultation with sanitarians from all parts of the Union, by which the Board hoped to be more efficacious.

Dr. Billings was asked to read the programme which had been arranged by the committee appointed to prepare a schedule for the present meeting.

He announced that the meeting of the day would be restricted to the subject of a maritime quarantine, and would not touch on those other subjects, which would be reserved for other sessions and separate schedules.

The chair called on Dr. Vanderpoel, of New York, to open the debate. The points touched upon were the sanitary history of a vessel in a foreign port, and its sanitary treatment when it arrives from an infected port. These questions were ably discussed by Drs. Vanderpoel, of New York, Cleemann, of Philadelphia, Howard, of Baltimore, Bemiss, of New Orleans, G. Dowell, of Galveston, Blaine, of Brunswick, and others.

The President announced that Dr. Chancellor, of Baltimore, had offered a paper on "the plague," with special reference to the quarantine. On motion, Dr. Chancellor was requested to read his paper, and he complied. He said the assembly was not to consider one epidemic disease. Last year the yellow fever carried death into the households of the Mississippi valley. This epidemic has attacked alternately the Atlantic coast and then the Mississippi valley. He said there are other dangers than yellow fever. There are cholera and the plague to be dreaded. He had investigated the question of the plague, and wished to bring to notice a danger which might press itself on us within six months. He had different ideas of quarantine from those generally received. The great need is not to stop commerce, but to enforce strict sanitary laws in cities. His paper was an inquiry into the history of the plague, but referred especially to the proper methods of quarantine against it. The position taken in the paper was that no epidemics like yellow fever and the plague are contagious from the person or the clothing. They can only spread when the condition of the air is favorable, and, therefore, there is no reason for a quarantine. The source is back of this. It is in the condition of the cities where the epidemic is to spread. He said the support of a great national quarantine would be stupendous folly if it tried to keep out epidemics by excluding merchandise.

On the following day, among the topics considered were—

##### 1. River transportation.

(a) How to secure a steamer freedom from infection at New Orleans.

(b) How to deal with steamers at ports along the Mississippi and its tributaries.

These subjects were discussed by Drs. White and Chaille, of New Orleans, Dr. Mitchell, of Tennessee, Dr. Pinckney, of Ky., and others. At the request of several members, Dr. A. N. Bell, of New York, cited the experiments that he had made in heat disinfection. He stated that thirty-one years ago he was called upon to take

measures against the yellow fever on a schooner that came from a point where the disease had been raging two years. For three hours he steamed the ship, under as intense heat as the boilers would give; then he scraped and painted the vessel, and three weeks later no case of sickness was on board. A year later the ship went on a cruise in the worst fever ports of the West Indies, and no case of fever was developed on board. At the same time and place he treated a gunboat in the same manner, with the same results. Some time later two boats were taken from the same squadron to New York, passed quarantine, but though no cases of fever had been aboard for some months, the men engaged in remodeling them, in a New York dock, were infected with the fever. These boats had not been disinfected by the steam process. Other experiments in steam disinfection, which Dr. Bell has since made in person, were cited, and though there have been failures, he attributes them to a lack of thoroughness in the process. Steam heat is preferable to dry heat, because the former can be used with less damage to goods.

The third day of the session was largely occupied with the debate on river transportation. Among other subjects the destruction of the yellow fever germ was considered.

Dr. A. N. Bell expressed himself against some suggestions that had been casually made in one of the speeches of the debate about whitewashing as a prevention against yellow fever. If lime must be used, use it unslaked. In measures against yellow fever dead lime should be done away with, as well as all other dead matter.

This remark turned the debate upon the subject of disinfectants, and several gentlemen expressed a belief that dry steam was the most potent of disinfectants. One speaker remarked that only a temperature of  $250^{\circ}$  would destroy germs of yellow fever.

Dr. Plunkett, President of the Sanitary Council of the Mississippi Valley, said the idea was general in the Mississippi Valley that the "Plymouth" had been frozen out, and that cold would exterminate germs of yellow fever. It would pacify the public mind if the question of cold as a disinfectant was settled.

Dr. Turner replied that the disinfection of the "Plymouth" was made by breaking up her decks, cleansing and freezing her, but temperature was not noted by medical officers; the lowest recorded temperature was  $7^{\circ}$  C. Yet a case originated on her in March last, on the starboard side of the vessel, and quite recently a case has occurred in a corresponding quarter of the vessel on the opposite side. It is probable that the water was frozen in the bilges and thawed out by steam.

Dr. Rauch suggested that if the medical officer of a vessel was responsible for her condition, instead of the captain, the fever would be prevented. He thought that it was important that the Board should take some action toward instituting the change.

Dr. Guion, of the United States Navy, said Dr. Rauch was right. The medical officer of a vessel could only make suggestions. The captain is responsible for the sanitary condition of the ship, and even puts men on the sick list.

Dr. Plunkett here insisted on an answer to his question, whether or not the Plymouth had been frozen out?

Dr. Guion replied that she probably had, though he could not answer until an official report has been made.

The next subject of discussion was announced by President Cabell.

2. Railroads—(a) Sanitary condition of depots and stations. (b) Quarantine stations on railroads, their position and organization; specify for passenger trains, sleeping cars, car construction, freight trains, construction trains. (c) Mails. (d) Expressage.

Dr. Kedzie offered on this subject the following resolution:—

The depots and stations of railroads and their surroundings shall be kept in a sanitary condition, free from all stagnant water and decomposing organic matter; the local railroad agent or official shall daily inspect the water closets, and shall cause the floor, seats and urinals of such water closets to be kept clean; he shall cause the vaults to be emptied at least every three months, and from the first of May to the first of November he shall cause the privy vaults to be disinfected every week, by pouring into every vault a solution of twenty to fifty pounds of sulphate of iron or sulphate of zinc, or ten to fifteen pounds of chloride of lime.

These resolutions elicited general assent.

The next subject of discussion was announced to be, "System of notification of occurrence of first cases of dangerous diseases, especially of yellow fever. When is it proper to say yellow fever is epidemic in a town?"

Deciding that this question had already been settled by State and local authorities, the Board adjourned to meet in conjunction with the Sanitary Council of Mississippi Valley.

The final session was held on Friday.

Dr. Rauch, Secretary of the Sanitary Council of the Mississippi Valley, requested, before the regular routine of business was entered upon, to be permitted to report to the Board a series of propositions which had been adopted by the Sanitary Council on the preceding evening. The propositions were read and left with the National Board of Health for future consideration. A plan, the arrangement of which had some time ago been referred to a committee, was then adopted, securing co-operation between the National Board of Health, the Sanitary Council of the Mississippi Valley and the American Public Health Association, in collating knowledge of the actual sanitary condition of every city in the United States, particularly in the southwestern States along the Mississippi river. It is designed to ascertain as far as possible everything that will tend to effect the sanitary condition, whether for good or evil, of the various cities, the systems of sewerage, the condition of vaults, and the disposition that is made of refuse matter, and from these data to compile the best sanitary regulations and correct existing abuses. After adopting these measures, the National Board of Health adjourned to meet in Convention at Nashville, on the 8th of November.

From this it is not to be understood that the National Board of Health has literally adjourned

until that date; they will, on the other hand, hold sessions during the entire summer. The stenographic report of the debates, and the proceedings at this, the Atlanta Convention, will be written out, and together with the propositions reported to the Board by the Sanitary Council, will be thoroughly discussed. From these discussions will be ascertained, as far as possible, the best sanitary measures for the prevention as well as the eradication of epidemics; these results, when obtained, will be furnished to local and State sanitary bodies. Then, on the eighth of November, the Board will again meet in Nashville, there to hold a conference similar to the one just held in Atlanta, with leading sanitarians invited from every quarter of the Union. Should the Board obtain an appropriation of six hundred and fifty thousand dollars from Congress, as they desire, they would be enabled themselves to put into effect the results of their deliberations; but with their present means they can only accumulate knowledge, deduce sanitary measures from it, and refer them to local and State authorities to be put into effect.

The Sanitary Council of the Mississippi Valley and the American Health Association then adjourned, to meet in Nashville on the eighth of November.

#### THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.

This Association met on the evening of May 5th. The President, Dr. William Brodie, of Detroit, read a full and able paper on American medical journalism.

Resolutions declaring that the advertising of patent medicines be considered a violation of the code of ethics, were approved.

It was proposed to pass an amendment to the constitution, admitting all authors as members, the name of the Association to be changed to correspond with this. Under the rule, this was laid on the table for one year.

Various suggestions were made as to the means of increasing the interest taken in the Association, and to enlarge the scope of its usefulness.

On the election for officers, the following were chosen:—

For President—Dr. Thomas S. Powell, of the *Southern Medical Record*.

Vice president—Dr. Frank Woodbury, of the *Boston Medical Journal*.

The Secretary is a permanent officer. Dr. Frank Davis, of Chicago, fills this office.

After adjournment, the Association was handsomely entertained by Dr. T. S. Powell, editor of the *Southern Medical Record*, at his residence.

#### The Public Health.

Under date of April 30, Consul-General Heap transmits a copy of a despatch from Dr. Mattioli, the U. S. Delegate to the International Sanitary Council at Pera, by which it appears that the discussion of the origin, as well as the character, of the plague is still going on, some of the delegates maintaining the disease to be true Asiatic bubonic plague, and others an "inexplicable glandular engorgement;" in consequence

of this divergence of opinion, the protocol releasing quarantine restrictions has not yet been signed. The epidemic has almost disappeared in Astrachan. The city of Constantinople is in a healthy condition.

#### U. S. Marine Hospital Service.

The following gentlemen having passed the examination required by the regulations governing the Marine Hospital service, have been appointed Assistant Surgeons in that service, by the Secretary of the Treasury:—Drs. Charles L. Dana, H. P. Cooke, H. R. Carter, and W. H. Heath.

Assistant Surgeon Charles L. Dana ordered to New York City; Assistant Surgeon W. H. Heath to Washington, D. C.; and Assistant Surgeon H. R. Carter to Boston, Mass., for temporary duty. Assistant Surgeon H. P. Cooke ordered to New Orleans, La.

#### Items.

—At a recent meeting of the Northwestern Medical Association, of this city, it was resolved that bills should be rendered when services were ended, or at the end of each month, and that the Society endorse a financial agent, who should be employed by the year, on salary, to attend to collection of moneys and keep physicians' accounts when desired.

—The clinic of Dr. Arnold, in the *REPORTER* of May 10th, was attributed to New York, instead of Baltimore, where it was held.

#### PERSONAL.

—The Faculty of the Chicago Medical College announce that Professor Edward W. Jenks, M.D., of the Detroit Medical College, has accepted an appointment to the Chair of Medical and Surgical Diseases of Women and Clinical Gynecology.

#### MARRIAGES.

BRASSARD—TRAINOR.—In St. Johnsbury, Vt., on April 22d, by Rev. J. Boissonault, Dr. P. H. Brassard and Emma Jane Trainor.

DUNHAM—SLOSSON.—On the 23d ult., in Belford, O., at the residence of the bride's grandmother, by the Rev. James Hall, D. B. Dunham, Jr., late of Chicago, and Miss Uariana Slossen, daughter of Dr. M. H. Slossen.

HEDSTROM—GETTY.—On Wednesday, April 30th, at Jersey City, N. J., by the Rev. James Montgomery, Wilbur F. Hedstrom, M.D., of Cape May City, N. J., and Mrs. Sarah K. Getty, of Philadelphia.

LEWIS—ADAMS.—Near Pleasant Hill, Mo., April 2d, by Rev. John A. McAfee, William E. Lewis, M.D., of White Cloud, Kansas, and Maggie J. Adams.

#### DEATHS.

GHANDLER.—In Woodstock, Vt., on April 19th, Clayton F., youngest son of Dr. M. H. Ghandler, aged 1 year, 7 months and 19 days.

HOOPES.—In this city, on the 25th, ult., Pascal J. Hoopes, M.D., in his 53d year.

HUTCHISON.—At Brooklyn, N. Y., April 26th, Marian Benedict, second daughter of Dr. Jos. C. and S. B. Hutchison, aged 22 years.